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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740105-78										
JUN 02 2004												
<div style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))</div> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-872-9306 on <u>June 2, 2004</u>.</p> <p>Signature: <u><i>K. M. McManus</i></u> Name: <u>K. M. McManus</u></p>	In re Application of Gerd M. MÜLLER et al.											
	Application Number 09/938,533 Filed 8/27/2001											
	For AT LEAST PARTIALLY IMPLANTABLE HEARING SYSTEM											
	Group Art Unit 3736	Examiner J. M. Foreman										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)</td><td style="text-align: right;">\$ <u>950.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2100)</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380(740105-78)</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p style="margin-left: 40px;"><u>June 2, 2004</u> Date</p> <div style="text-align: right; margin-right: 100px;"><u><i>David S. Safran</i></u> Signature <u>David S. Safran</u> Typed or printed name</div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$ <u>950.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2100)	\$ _____
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2100)	\$ _____											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.												
<input type="checkbox"/> Total of _____ forms are submitted.												

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